

# BALLET HISPANICO

## Ballet Hispanico School of Dance Registration Form for Summer 2010

*Please print all information*

### Student Information:

Last:	First:	Middle Initial:	
Home Phone:	Student Cell Phone:		
Street:		Apt:	
City:	State:	Zip:	School:
Date of Birth:	Gender: M <input type="checkbox"/>	F <input type="checkbox"/>	
Grade Level:	Student Email:		

### How did you hear about us? *Please check all that apply*

- |   |  |                                   |
|---|--|-----------------------------------|
| <input type="checkbox"/> Word of Mouth                | <input type="checkbox"/> BH website        | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Big Apple Parent             | <input type="checkbox"/> BH flyer/card     | <input type="checkbox"/> MySpace  |
| <input type="checkbox"/> TONY Kids                    | <input type="checkbox"/> Event/performance | <input type="checkbox"/> Twitter  |
| <input type="checkbox"/> New York Family              | <input type="checkbox"/> Other magazine    | <input type="checkbox"/> Coupon   |
| <input type="checkbox"/> Parent Guide                 |  |                                   |
| <input type="checkbox"/> Other (please specify) _____ |  |                                   |

### Ethnicity:

- |   |
|---|
| <input type="checkbox"/> American Indian / Alaskan Native |
| <input type="checkbox"/> Asian / Pacific Islander         |
| <input type="checkbox"/> Black, Non-Hispanic              |
| <input type="checkbox"/> Hispanic (heritage) _____        |
| <input type="checkbox"/> White, Non-Hispanic              |
| <input type="checkbox"/> Other _____                      |

### Parent/Guardian Information:

Name:	Name:
Relationship to Student:	Relationship to Student:
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
*Email:	*Email:
Employer:	Employer:
Job title:	Job title:

### Emergency Contact Information: *(in the event parent or guardian cannot be reached)*

Name:	Home phone:
Relationship to Student:	Cell phone:

### Previous Training:

School Name <i>(current and/or previous)</i>	Technique(s) studied	# of years	# of days per week

\* The School communicates important information regularly via email. Please check here if you do NOT wish to receive additional information about the Ballet Hispanico Company and our education programs.

# Ballet Hispanico School of Dance

## Health Information Form

*In the event that a Student needs medical care, the information on this form will help expedite the proper care.*

*Please print all information*

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**Student Information:**

Last:

First:

Middle Initial:

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**Health Insurance Information:**

Do you currently have health insurance coverage?    Yes     No     *If "No," please see below*

Health Insurance company:

Policy Number:

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**Primary Physician Information:**

Last Name:

First Name:

Office Phone:

Hospital Preference:

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**Medications:**

Please list any medications you take on a regular basis (for example: Insulin or Ritalin):

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**Medical History:**

List any allergies or reactions you have had to medications and when:

Medication/Reaction	Date of Occurrence

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Please list any allergies or reactions you have had to foods, molds, pollens, animals, insects, etc.:

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Please list any physical or dance-related problems you have, such as an injury; bone, joint, or muscular disorders; etc.:

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Please provide information about any psychological or emotional matters which could affect your physical health and about which our School staff should be aware.

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Have you been vaccinated for the following? *(check if yes)*

Chicken pox

Measles

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**If you do not have health insurance, please fill out the following:**

Due to the fact that we do not have medical insurance for:

\_\_\_\_\_  
Student's name

We/I will assume all responsibility for payment(s) of medical treatment in an injury does occur while he/she is a student at the Ballet Hispanico School of Dance. Ballet Hispanico will not be responsible for any medical costs.

Parent or Guardian (print name)

Signature

Date

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**Ballet Hispanico School of Dance**  
**Class Schedule and Tuition Information for Summer 2010**

(Office Copy)

*Please print all information*

**Student Name:** \_\_\_\_\_

**Program Selection:** Programs are filled on a first-come, first-served basis; please check on program availability with the School Office. Then enter your program selection below.

Program(s)	Age	Date(s)

Programs	Ages	Times	Dates	Fees	✓
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**Pre-School Dance Camps**

Pre-School Dance Camp - Week 1	Ages 3-5	9:00-12:00	June 7-11	\$300	
Pre-School Dance Camp - Week 2	Ages 3-5	9:00-12:00	June 14-18	\$300	
Pre-School Dance Camp - Week 3	Ages 3-5	9:00-12:00	June 21-25	\$300	
Pre-School Dance Camp - Week 4	Ages 3-5	9:00-12:00	June 28-July 2	\$300	

**Summer Dance Camp Week 1**

Summer Dance Camp	Ages 6-7	9:30-4:00	July 12-16	\$475	
Summer Dance Camp	Ages 8-10	9:30-4:00	July 12-16	\$475	
Summer Dance Camp	Ages 11-15	9:30-4:00	July 12-16	\$475	
Summer Dance Camp - Half Day	Ages 6-15	9:30-12:15	July 12-16	\$250	
Summer Dance Camp - Half Day	Ages 6-15	12:45-4:00	July 12-16	\$250	

**Summer Dance Camp Week 2**

Summer Dance Camp	Ages 6-7	9:30-4:00	July 19-23	\$475	
Summer Dance Camp	Ages 8-10	9:30-4:00	July 19-23	\$475	
Summer Dance Camp	Ages 11-15	9:30-4:00	July 19-23	\$475	
Summer Dance Camp - Half Day	Ages 6-15	9:30-12:15	July 19-23	\$250	
Summer Dance Camp - Half Day	Ages 6-15	12:45-4:00	July 19-23	\$250	

**Summer Dance Camp Week 3**

Summer Dance Camp	Ages 6-7	9:30-4:00	July 26-30	\$475	
Summer Dance Camp	Ages 8-10	9:30-4:00	July 26-30	\$475	
Summer Dance Camp	Ages 11-15	9:30-4:00	July 26-30	\$475	
Summer Dance Camp - Half Day	Ages 6-15	9:30-12:15	July 26-30	\$250	
Summer Dance Camp - Half Day	Ages 6-15	12:45-4:00	July 26-30	\$250	

**Summer Intensive Program**

Summer Intensive Program - Beginner	Ages 10-21	9:30-4:00	July 6-30	\$1,275	
Summer Intensive Program - Intermediate	Ages 10-21	9:30-4:00	July 6-30	\$1,300	
Summer Intensive Program - Advanced	Ages 10-21	9:30-4:00	July 6-30	\$1,325	

**Please note: discounts are available for students enrolling in two or more weeks of Camps; discounts are also available for siblings.**

Please turn to the back of this page for detailed information on Ballet Hispanico's Summer Program policies and to complete the Registration Form.

# Ballet Hispanico School of Dance Registration, Payment and Policy Information for Summer 2010

(Office Copy)

## PRE-SCHOOL DANCE CAMPS

**Payment Due Dates:** All payments are due upon registration.

**Withdrawal/Refund Policy:** All withdrawal requests must be submitted IN WRITING to the School Office in order for a Student to be withdrawn. Notification of the Instructor is not sufficient. The request must be submitted at least two weeks prior to the commencement of the program. Payers are responsible for any unpaid balance at the time written notice is received. Only 50% of the tuition will be reimbursed. NO REFUNDS will be made after two weeks before commencement of the program. Reimbursement will take 4-6 weeks to process.

## SUMMER DANCE CAMPS

**Payment Due Dates:** All initial payments are due upon registration.

**Deposit Fee:** A deposit fee in the amount of \$175.00 is due upon registration for the Summer Dance Camp. Please note the deposit fee is NON-REFUNDABLE and will be applied to your tuition. The deposit fee confirms your enrollment in the Summer Dance Camp and secures your spot in the program.

**Tuition Fees:** Tuition fees must be paid in full by **May 1, 2010**. All registrations received after May 1st must be paid in full.

**Withdrawal/Refund Policy:** All withdrawal requests must be submitted IN WRITING to the School Office in order for a student to be withdrawn. Notification of the Instructor is not sufficient. The request must be submitted at least two weeks prior to the commencement of the program. Payers are responsible for any unpaid balance at the time written notice is received. All monies received for tuition will be reimbursed, minus the non-refundable deposit fee. NO REFUNDS will be made after two weeks before commencement of the program. Reimbursement will take 4-6 weeks to process.

## SUMMER INTENSIVE PROGRAM

**Payment Due Dates:** All initial payments are due upon registration.

**Registration Fee:** An annual, non-refundable registration fee of \$35 is due upon registration for the Summer Intensive program.

**Deposit Fee:** A deposit fee in the amount of \$175.00 is due upon registration for the Summer Intensive Program. Please note the deposit fee is NON-REFUNDABLE and will be applied to your tuition. The deposit fee confirms your enrollment in the Summer Intensive Program and secures your spot in the program.

**Tuition Fees:** Tuition fees must be paid in full by **May 1, 2010**. All registrations received after May 1st must be paid in full.

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## **ALL PROGRAMS:**

**Waiver of Liability:** I, on behalf of myself and Student, and for Student's executors and administrators, do hereby waive any and all claims, and indemnify, hold harmless and defend Ballet Hispanico of New York, its directors, officers, agents, and employees from all liability, loss, or expense, including reasonable legal expenses, which may occur from any cause whatsoever during or arising from Student's participation in classes, including any injury to Student or Student's guests, or any damage, loss, or theft to Student's property or Student's guests' property, except in cases of willful negligence or gross misconduct by Ballet Hispanico of New York or its employees.

**Certification of Physical Condition and Medical Consent:** I, on behalf of Student, hereby certify that Student is reasonably suited to participate in dance classes and Student does not have any impairment that would adversely affect Student's participation in the classes. I understand that Ballet Hispanico staff will attempt to contact me or Emergency Contact should Student require medical attention while at Ballet Hispanico. If I/we cannot be reached, I hereby authorize Ballet Hispanico staff to arrange for treatment as necessary.

**Film and Photography Release:** I, on behalf of Student, grant Ballet Hispanico of New York and its agents or employees the right and permission to record and photograph Student, and consent to and authorize the use and reproduction by Ballet Hispanico of any and all photographs, recordings, videotapes, and/or other reproductions of likenesses of the Student's person or characteristics ("reproductions") for any purpose whatsoever, without compensation to the Student and without notification to me. All reproductions shall be the property of Ballet Hispanico, solely and completely. Further, I assign and release all rights to said reproductions and authorize Ballet Hispanico, or others authorized by them, to exhibit, broadcast, and/or distribute or otherwise further reproduce said reproductions in whole or in part over or in any medium whatsoever, including, without implied limitation, newsletters, radio, newspapers, film, cable, television, and digital media, without compensation, in perpetuity. I also release and agree to hold harmless the producers or any persons or entities acting under their permission or authority from any liability arising from use of said reproductions.

**I confirm that I have read this Registration Form and agree to abide by the policies and procedures listed herein.**

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Name (please print)

Signature

Date

*Please return this signed form with your payment to the School Office.*

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For Office Use Only: Enrolled by \_\_\_\_\_ Date: \_\_\_\_\_ Amount received: \_\_\_\_\_  
New  Returning  | Payment type: Annual  Pymt. Plan  | Paid: Cash  Check  CC  | Rcpt/Ck No.: \_\_\_\_\_

# Ballet Hispanico School of Dance

## Class Schedule and Tuition Information for Summer 2010

(Parent Copy)

*Please print all information*

**Student Name:** \_\_\_\_\_

**Program Selection:** Programs are filled on a first-come, first-served basis; please check on program availability with the School Office. Then enter your program selection below.

Program(s)	Age	Date(s)

Programs	Ages	Times	Dates	Fees	✓
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**Registration, Payment and Policy Information for Summer 2010**  
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**ALL PROGRAMS:**

**Waiver of Liability:** I, on behalf of myself and Student, and for Student's executors and administrators, do hereby waive any and all claims, and indemnify, hold harmless and defend Ballet Hispanico of New York, its directors, officers, agents, and employees from all liability, loss, or expense, including reasonable legal expenses, which may occur from any cause whatsoever during or arising from Student's participation in classes, including any injury to Student or Student's guests, or any damage, loss, or theft to Student's property or Student's guests' property, except in cases of willful negligence or gross misconduct by Ballet Hispanico of New York or its employees.

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**I confirm that I have read this Registration Form and agree to abide by the policies and procedures listed herein.**

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Name (please print)

Signature

Date

*Please keep this copy for your records.*